

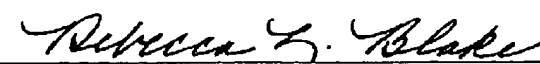


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Shankarling et al.			Docket No. 135305-1	
Application No. 10/678,251	Filing Date 10/3/2003	Examiner Desai, Rita J.	Group Art Unit 1625	
Invention: THERMALLY STABLE ANTHRAPHYRIDONE COMPOSITIONS			RECEIVED CENTRAL FAX CENTER FEB 09 2005	
I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (17 pgs)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>February 9, 2005</u> (Date)				
<div style="text-align: right;"><u>Rebecca L. Blake</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</div>				
Note: Each paper must have its own certificate of mailing.				

P18/REV02

FEB 09 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 135305-1	
Applicant(s): Shankarling et al.						
Application No. 10/678,251	Filing Date 10/3/2003	Examiner Desai, Rita J.	Customer No. 43248	Group Art Unit 1625	Confirmation No. 1986	
Invention: THERMALLY STABLE ANTHRAPHYRIDONE COMPOSITIONS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	29 -	38 =	0	x \$18.00	\$0.00	
INDEP. CLAIMS	4 -	6 =	0	x \$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: February 9, 2005			
Peter R. Hagerty Registrar No. 42,618 Customer No. 43248 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone No. 860-286-2929			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 2/9/2005 (Date)  Signature of Person Mailing Correspondence VIA FACSIMILE By Rebecca L. Blake Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

P11LARGE/REV09

135305-1

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FEB 09 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Shankarling et al.)
) Group Art Unit: 1625
Serial No.:	10/678,251)
)
Filed:	October 3, 2003)
) Examiner: Rita J. Desai
For:	THERMALLY STABLE)
	ANTHRAPYRIDONE COMPOSITIONS)

VIA FACSIMILE: (703) 872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT A

Sir:

This Amendment is submitted in response to the Office Action dated December 15, 2004.
Please amend the Application as follows.